

DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF HEALTH CARE QUALITY AND OVERSIGHT

**RELEASE FORM**  
**NEW JERSEY NON-CONFIDENTIAL UB-92 DATA FILES**

Conditions for release of the New Jersey data files by Hospital Financial Reporting & Support:

I, \_\_\_\_\_, representing \_\_\_\_\_, am requesting the UB-92 non-confidential year-to-date data files for the years \_\_\_\_\_ from the Hospital Financial Reporting & Support program in the Department of Health and Senior Services (Department).

I agree that these files will be in the custody and maintained by \_\_\_\_\_ and will not be released to any other organization or individual without the prior written approval of the Department's Hospital Financial Reporting & Support program.

I further agree that no attempt will be made to identify specific patients or physicians whose records are included in these files, or link information from any other source to records for specific patients or physicians.

No listing of information from individual records will be published or otherwise released by the holder of these files.

I understand that any violation of the above conditions may result in prosecution under all relevant State and Federal Laws.

\_\_\_\_\_  
(Signature)

Representative of: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

For Hospital Financial Reporting & Support:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)